



U.S. Agency for  
International  
Development

Bureau for  
Global Health

# COUNTRY PROFILE

HIV/AIDS

## THAILAND

The first case of HIV/AIDS in Thailand was identified in 1984. At that time, cases were found primarily among sex workers, men who have sex with men, and injecting drug users. By 1989, one-third of Thailand's injecting drug users were estimated to be infected and the virus had spread to the general population, primarily through heterosexual contact with individuals engaged in high-risk behaviors. HIV/AIDS prevalence appears to have peaked in the mid-1990s, when it began to decline as a result of aggressive efforts by high-profile community development organizations, the Thai government, and its collaborating partners. As of 2000, adult HIV/AIDS prevalence in Thailand was 1.8 percent. HIV infections and AIDS cases are concentrated primarily in Bangkok and along the northern border with Burma.

Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	670,000
Total Population (end 2001)	63,584,000
Adult HIV Prevalence (end 2001)	1.8%
HIV-1 Seroprevalence in Urban Areas (end 2000)	
Population most at risk (sex workers and clients, patients seeking care for sexually transmitted infection, or other persons with known risk factors)	12.9%
Population least at risk (pregnant women, blood donors, or other persons with low-risk factors)	1.6%

Sources: UNAIDS, U.S. Census Bureau.

## NATIONAL RESPONSE



Map of Thailand: PCL Map Collection,  
University of Texas

Thailand responded quickly and vigorously to the presence of HIV/AIDS and succeeded in reducing HIV prevalence through massive media and educational campaigns aimed at the most vulnerable populations. Increased government spending and the personal leadership of the prime minister were significant factors in Thailand's success at reducing the spread of HIV/AIDS among at-risk populations. Since the economic crisis of the mid-1990s, these efforts have declined and today HIV/AIDS is treated primarily as a health sector issue. Budgetary expenditures for HIV/AIDS have declined, posing considerable risk that in the absence of renewed efforts HIV/AIDS prevalence may again increase.

## USAID SUPPORT

When Thailand emerged as an epicenter of HIV/AIDS epidemic in the late 1980s, the United States Agency for International Development (USAID) along with other donors provided support to the government's efforts to halt the spread of the epidemic. When Thailand was successfully addressing its HIV/AIDS epidemic and other issues, USAID closed first its bilateral assistance program (in 1995) and then its regional support program (in 1996), continuing a few select bilateral and regional activities directed by USAID/Washington, with help from the USAID Mission in Cambodia. As Thailand confronts the emergence of a

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new epidemic, USAID is launching a new regional HIV/AIDS program that will address prevention and treatment in the wider Mekong region, including Thailand, Cambodia, Burma, Laos, Vietnam, and two key provinces in China. An interim regional HIV/AIDS strategy is in effect for the period 2003–2006, as a full five-year strategy is developed for 2007–2012.

During the years that the USAID program in the region was closed, the Agency nevertheless provided support through the Bangkok office of Family Health International to:

- Help build the capacity of countries in the region to respond to HIV/AIDS, sexually transmitted infections, and tuberculosis
- Conduct surveillance and monitoring of the epidemic
- Support the advocacy and networks of people living with HIV/AIDS

In 2002, USAID funds were again made available for direct assistance to Thailand. USAID country-specific support for HIV/AIDS activities in Thailand amounted to \$1.5 million in FY 2003, up from \$1 million in FY 2002, and \$0.37 million in FY 2001. Current USAID-supported interventions include the following:

- Outreach, behavior change, prevention, and care interventions to key vulnerable groups, including male sex workers, street kids, youth, and men who have sex with men
- Treatment, education, and referral for injecting drug users
- Voluntary counseling and testing programs, along with efforts to prevent mother-to-child transmission of HIV

The lessons learned from these and other activities will be used to develop the tools and programs for the Mekong Regional HIV/AIDS Program. The regional program will target marginalized, most-at-risk populations with a goal of both reducing the incidence and prevalence of HIV/AIDS in the region through targeted prevention activities, and mitigating its impact on persons already living with HIV/AIDS and their families. Taking account of available resources, including those of partners and other donors, the strategy will identify areas in which USAID can make a significant contribution, such as technical assistance and support in capacity building, improved data collection and utilization, and AIDS care and support. The program will include new interventions and build on existing ones.

## FOR MORE INFORMATION

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*For more information, see [http://www.usaid.gov/our\\_work/global\\_health/aids](http://www.usaid.gov/our_work/global_health/aids) or <http://www.SynergyAIDS.com>*

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